

## Department of Toxic Substances Control

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**Gray Davis** Governor

Winston H. Hickox Agency Secretary California Environmental Protection Agency

November 4, 2002

TO: CALIFORNIA HOSPITALS

SUBJECT: MERCURY (HG) ELIMINATION LEADERSHIP PROGRAM

The State of California invites your hospital to participate in the Mercury (Hg) Elimination Leadership Program (HELP). Through this program, the State hopes to virtually eliminate mercury waste in hospitals by 2005. Mercury is a reproductive toxin and a potent neurotoxin. When you throw away mercury-containing devices, such as fever thermometers, blood pressure cuffs, and other products, mercury can reenter the environment through gases released by landfills and through leaching into the ground water. Hospitals in many jurisdictions are now required to meet strict wastewater treatment discharge limits for mercury. When mercury-containing waste is incinerated, the mercury is vaporized into the air. According to the United States Environmental Protection Agency (U.S. EPA), medical waste incinerators are the fourth largest source of mercury going into the environment. Mercury fever thermometers alone contribute about 17 tons of mercury to solid waste landfills annually.

HELP is a joint effort of the Department of Toxic Substances Control (DTSC), the Department of Health Services, U.S. EPA Region IX, Hospitals for a Healthy Environment (H2E), California Health Care Association and, of course, individual hospitals. We hope that the California Publicly Owned Treatment Works (POTWs) will also join us. This partnership is creating programs and training to help California medical facilities be national leaders in eliminating mercury and mercury-containing waste by 2005. This is a voluntary program with self-certification.

One of the program elements is that you inventory your existing levels of mercury so you can document your progress and allow us to quantify the success of this program. Attachment 1 of this letter lists the minimum program elements for your hospital to receive recognition from the State of California. HELP will provide resources in the form of technical documents, on-site assistance, training, and other tools. A Mercury Reduction Toolkit is available on the Internet at: <a href="http://www.dhs.ca.gov/medicalwaste">http://www.dhs.ca.gov/medicalwaste</a>.

Attachment 2 of this letter is a prepaid postage questionnaire for you to indicate your interest in the program and inform us if you would like to receive materials from us. A copy of this letter was also sent to your hospital administrator, county medical waste officer, and POTW.

Hospitals that significantly reduce their mercury will be recognized by the State of California. Five California hospitals have already demonstrated the feasibility of eliminating mercury. They were recognized and presented with certificates on October 2, 2002 at the Hospital Alliance Association (HOSPAA) Conference in Sacramento, California.

We look forward to working with you and welcoming your hospital into HELP. If you have any questions, please contact Ms. Mary Kathleen Pride of DTSC's Office of Pollution Prevention and Technology Development at (916) 324-1088 or <mkpride@dtsc.ca.gov>.

## ATTACHMENT 1

Hospitals will be asked to document the amount of mercury currently in use with their hospital. This may require some research of manifests and your hazardous waste records.

The following are the minimum requirements for your facility to receive recognition from HELP:

- 1. Inventory all mercury devices and sources. A complete inventory will include labeling all mercury-containing devices, and preparing and implementing a plan to replace all inventoried devices with non-mercury alternatives where alternatives are available.
- 2. Replace patient mercury thermometers with non-mercury containing devices.
- 3. Replace, at a minimum, 75 percent of sphygmomanometers inventoried. Prepare a plan for totally eliminating the remaining devices.
- 4. Replace, at a minimum, 75 percent of clinical mercury-containing devices (Bougies, Miller Abbott tubes, dilators, etc.). Prepare a checklist of all items that have been replaced and prepare and implement a plan to totally eliminate any remaining devices.
- 5. Develop and implement a fluorescent tube recycling program.
- 6. Develop and implement a mercury and alkaline battery collection program.
- 7. Prepare and put into practice an Environmentally Preferable Purchasing (EPP) statement that bans the purchase of mercury-containing items without prior approval. Training and procedures for the use of the statement must be put in place. The procedure must include who may approve mercury purchases and list acceptable reasons for the purchase. The request to purchase any mercury containing devices should include a plan to manage the mercury safely and to collect all waste.
- 8. Replace, at a minimum, 75 percent of laboratory chemicals containing mercury. Prepare a plan for total elimination of mercury laboratory chemicals. Replace B5 or Zenkers stain with a non-mercury substitute.
- 9. Replace, at a minimum, 75 percent of all mercury laboratory thermometers. Complete an inventory of mercury laboratory thermometers. A complete inventory will include labeling all mercury containing thermometers, and preparing and implementing a plan to replace all inventoried devices with non-mercury alternatives where alternatives are available.

## **ATTENTION ALL HOSPITALS**

Please check the appropriate responses, provide any relevant information, sign and date the certification, fold, tape, and return this form (prepaid postage) to the Department of Toxic Substances Control within thirty (30) days upon receipt of this letter.

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